

**Who should file this schedule?**

You should file Schedule P if an event has occurred that has decreased your income to a qualifying level (see instructions) **and** you want to apply for one of the following reasons:

- for drug coverage or the SeniorCare rebate because you do not qualify on 2004 Form IL-1363, *or*
- to decrease the co-payment for current Circuit Breaker Pharmaceutical Assistance drug coverage, *or*
- to change current drug coverage from Circuit Breaker Pharmaceutical Assistance to SeniorCare.

Step 1: Tell us why you are filing this schedule.

A Tell us the reason there has been a decrease in your income since 2004. For example, the death of a spouse, a divorce, the onset of a disability, retirement, or you or your spouse entered a nursing home. _____

C Did you file a Form IL-1363 for the year 2004? Yes ☐ No ☐



If no, you must complete a 2004 Form IL-1363, Application, and attach it to this schedule.



You must attach proof. See instructions.

B Write the date that the event, described on Line A, occurred.

B _____ / _____ / _____
Month Day Year

Step 2: Tell us about yourself. Please print.

1 Social Security number

7 Birth date _____ / _____ / _____
Month Day Year

2 Name _____
First MI Last

8 Marital status (☒ only one box.)

3 Address _____ Apt. _____

☐ 1 Single, widow(er), or divorced

4 City _____ State _____ ZIP _____

☐ 2 Married and living together

5 Phone (____) _____ - _____

☐ 3 Married, but not living together

9 Are you ☐ Male ☐ Female

6 a ☐ **Yes**, I want help paying for my drugs. (If yes, ☒ the Yes box. If no, skip to Step 3.)



See instructions for more information.

b For SeniorCare drug coverage, also tell us if you are a ☐ U.S. citizen or ☐ qualified noncitizen.

You may still get Circuit Breaker Pharmaceutical Assistance and drug discounts even if no box is checked in Line 6b.

Step 3: Tell us about your spouse (husband or wife). If none or deceased, go to Step 4.

10 Write your spouse's Social Security number. **10**

11 Write your spouse's name. **11** _____
First MI Last

12 Write your spouse's birth date. **12** _____ / _____ / _____
Month Day Year

13 a ☐ **Yes**, I want help paying for drugs for my spouse. (If yes, ☒ the Yes box.)



See instructions for more information.

b For SeniorCare drug coverage, also tell us if your spouse is a ☐ U.S. citizen or ☐ qualified noncitizen.

Your spouse may still get Circuit Breaker Pharmaceutical Assistance and drug discounts even if no box is checked in Line 13b.

Step 4: Tell us about your qualified additional residents. If none, go to Step 5.

14 Write the total number of persons you reported on Schedule B, Line 16 **14**



You may need to complete and attach a new Schedule B, Qualified Additional Residents.

See instructions.

Step 5: Tell us your total income for the year 2004 and your projected income.

Note Write in Column A the amounts reported on your 2004 Form IL-1363. Write in Column B the projected income amounts based on the 12-month period of time, starting with the month following the date on Step 1, Line B (include income for both persons listed in Steps 2 and 3 on this schedule).

	A	Income or loss reported on IL-1363	B	Projected income
15 Social Security, SSI benefits. Include Medicare deductions (yearly total).	15			
16 Railroad Retirement benefits. Include Medicare deductions (yearly total).	16			
17 Civil Service benefits (yearly total).	17			
18 Annuity benefits (yearly total).	18			
19 Other pensions (federally taxable portion only) (yearly total).	19			
20 Veterans' benefits (federally taxable portion only) (yearly total).	20			
21 Human Services and other cash public assistance benefits (yearly total).	21			
22 Wages, salaries, and tips from work (yearly total).	22			
23 Interest and dividends received (yearly total).	23			
24 Net rental, farm, and business income or (loss). If loss, attach copy of U.S. 1040.	24			
25 Net capital gain or (loss). If loss, attach copy of U.S. 1040.	25			
26 Other income or (loss). If loss, attach copy of U.S. 1040.	26			
27 Total your projected income. Add Column B, Lines 15 through 26 and write the result.	27			

Note See instructions to determine if your projected income is within qualifying income limits.

Step 6: Sign below.

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois permission to get records from anyone concerning information on this form. I authorize the Illinois Department of Revenue to disclose information from any of my tax returns for the limited purpose of confirming my eligibility for benefits. I also assign to the state of Illinois my right to any benefits, including reimbursement, under any private plan of assistance, public assistance program, insurance plan, or from any liable third party, for prescription drugs that I receive through the Circuit Breaker Pharmaceutical Assistance programs or SeniorCare. I also agree that if I receive any such payments or other payments or benefits under these programs in error, or that I was not entitled to, I will repay them to the state of Illinois. I authorize release of medical and pharmaceutical records for audit and verification purposes, and exchange of health care information between any drug utilization review service authorized by the state of Illinois and any of my physicians and pharmacists to the extent necessary for the operation of a drug utilization review service.

28 X _____ / ____ / ____
Claimant's signature Date

30 _____ (_____) _____
Preparer's name (Please print.) Phone

29 X _____ / ____ / ____
Spouse's signature (If living together) Date

Note If you are filing Schedule P because Line 25 on your 2004 Form IL-1363 exceeded the income limits for Form IL-1363 benefits, **you may owe an annual fee for drug coverage**. There is a \$5 or \$25 annual fee for Circuit Breaker Pharmaceutical Assistance drug coverage and no annual fee for SeniorCare drug coverage. We will determine the type of drug coverage

you qualify for and send you a bill if you owe us an annual fee. If you are not yet 65 years old, you cannot qualify for SeniorCare benefits, but you may qualify for Circuit Breaker Pharmaceutical Assistance benefits. If you want more information about the program for which you may qualify, see the drug coverage chart in the instruction booklet for 2004 Form IL-1363.

Mail your completed Schedule P and any required attachments to



ILLINOIS DEPT ON AGING/PHARMACEUTICAL
PO BOX 19021
SPRINGFIELD IL 62794-9021

If you need additional information about this form,

- visit our Web site at **www.state.il.us/aging**
- call us at **1 800 624-2459** or
call our TTY at **1 800 544-5304**
- to find a local agency serving seniors, call the
Senior HelpLine at **1 800 252-8966** (voice and TTY)

Instructions for Schedule P, Projected Income Schedule for Drug Coverage

Who should file Schedule P?

You should file Schedule P if you have had an event occur that decreases your income to a qualifying level for the next twelve months, **and** you wish to apply for **one** of the following reasons:

- 1 Your income exceeded the income limits for Circuit Breaker benefits on 2004 Form IL-1363 and you want to apply for drug coverage or the SeniorCare rebate for you, your spouse, or qualified additional resident.

To qualify: Your projected income must be less than

- \$21,218 for a one-person household, *or*
- \$28,480 for a two-person household, *or*
- \$35,740 for a three-person or more household.

- 2 You, your spouse, or qualified additional resident currently has Circuit Breaker Pharmaceutical Assistance drug coverage and you want to decrease the co-payment.

To qualify: Your projected income must be less than

- \$9,309 if your marital status is single (Line 8, Box 1) *or* married and living separately (Line 8, Box 3), *or*
- \$12,489 if your marital status is married and living together (Line 8, Box 2).

- 3 You or your spouse currently has Circuit Breaker Pharmaceutical Assistance drug coverage and you want to change it to SeniorCare.

To qualify: You must meet SeniorCare qualifications and your projected income must be less than

- \$18,620* if your marital status is single (Line 8, Box 1) *or* married and living separately (Line 8, Box 3), *or*
- \$24,980* if married and living together (Line 8, Box 2).

* These amounts are set by the federal government and may change in February 2005.

What if I need additional information?

If you need additional information, visit our Web site at www.state.il.us/aging, or call us at **1 800 624-2459** or our TTY at **1 800 544-5304**. To find a local agency serving seniors, call the Senior HelpLine at **1 800 252-8966** (voice and TTY).

Step-by-Step Instructions

Step 1: Tell us why you are filing this schedule.

Tell us the reason there has been a decrease in your income since 2004 and write the date on which the event occurred. Also, check the box on Line C to tell us whether or not you already filed a 2004 Form IL-1363 with us.



You must attach proof of this event; for example, a death certificate, a divorce decree, a completed Schedule A, a document showing retirement benefits, or a certification of occupancy in a nursing home.

Step 2: Tell us about yourself.

1 through 9

Complete with your current information.

If you want SeniorCare drug coverage, complete Line 6b using the instructions for 2004 Form IL-1363, Line 5b.

Step 3: Tell us about your spouse.

10 through 13

Complete with your spouse's current information.

If you want SeniorCare drug coverage for your spouse, complete Line 13b using the instructions for 2004 Form IL-1363, Line 12b.

Step 4: Tell us about your qualified additional residents.

14 Write the number of persons you reported on Schedule B

Complete a new Schedule B with your qualified additional resident's information if you did not report this information on your 2004 Form IL-1363, or if any reported qualified additional resident does not currently have Circuit Breaker Pharmaceutical Assistance drug coverage and is now applying for coverage.

Step 5: Tell us your total income for 2004 and your projected income.

Complete Column A using the income amounts you reported on your 2004 Form IL-1363. (If you leave Column A blank or incomplete, we will use the amounts you reported on your Form IL-1363 or Form IL-1363-X for the year 2004.)

Complete Column B using the projected income amounts based on the 12-month period of time, starting with the month following the date on Step 1, Line B (include income for both persons listed in Steps 2 and 3 on this schedule).

Note You must include your income and your spouse's income (if living together).



You must attach proof of your loss of income. For example, a copy of your most recent benefits statement or a detailed explanation of your loss and how you figured the amount of your loss.

15 Social Security, SSI benefits

Column A — Write the amount from Line 13 of your 2004 Form IL-1363.

Column B — Write the total amount of any retirement, disability, or survivor's benefits (including Medicare deductions) you and your spouse expect to receive from the Social Security Administration.

You also must include any Supplemental Security Income (SSI) you and your spouse expect to receive. **Do not** include benefits to dependent children or reimbursements under Medicare/Medicaid for medical expenses.

If your Social Security and Railroad Retirement benefits are paid to you on the same check, write this amount on Line 15. Remember to include your Medicare deductions.

16 Railroad Retirement benefits

Column A — Write the amount from Line 14 of your 2004 Form IL-1363.

Column B — Write the total amount of any retirement, disability, or survivor's benefits (including Medicare deductions) you and your spouse expect to receive under the Railroad Retirement Act.

If you included your Railroad Retirement benefits on Line 15, do not write on Line 16.

17 Civil Service benefits

Column A — Write the amount from Line 15 of your 2004 Form IL-1363.

Column B — Write the total amount of any retirement, disability, or survivor's benefits you and your spouse expect to receive under any Civil Service retirement plan.

18 Annuity benefits

Column A — Write the amount from Line 16 of your 2004 Form IL-1363.

Column B — Write the total amount you and your spouse expect to receive as an annuity from any annuity, endowment, life insurance contract, or similar contract or agreement.

19 Other pensions

Column A — Write the amount from Line 17b of your 2004 Form IL-1363.

Column B — Write only the federally **taxable** portion of any IRAs, IRAs converted to Roth IRAs, and pensions you and your spouse expect to receive.

Note IRAs are not taxable when "rolled over."

20 Veterans' benefits

Column A — Write the amount from Line 18b of your 2004 Form IL-1363.

Column B — Write only the federally **taxable** portion of any retirement pay or survivor's benefits you and your spouse expect to receive from the Veterans Administration.

21 Human Services and other governmental cash public assistance benefits

Column A — Write the amount from Line 19 of your 2004 Form IL-1363.

Column B — Write the total amount of Illinois Department of Human Services and all other governmental cash public assistance benefits you and your spouse expect to receive.

If the first two digits of your Human Services case number are the same as any of those in the following category list, you must include the total amount of these benefits on Line 21.

01	aged	04	} temporary assistance to needy families (TANF) general assistance
02	blind	06	
03	disabled	07	

Food stamps and medical assistance you may receive are not considered income and should not be added to your total income.

Governmental cash public assistance benefits also may be distributed by units of local government such as municipalities, counties, *etc.*

22 Wages, salaries, and tips from work

Column A — Write the amount from Line 20 of your 2004 Form IL-1363.

Column B — Write the total amount of wages, salaries, and tips you and your spouse expect to receive from working.

23 Interest and dividends received

Column A — Write the amount from Line 21 of your 2004 Form IL-1363.

Column B — Write the total amount of interest and dividends you and your spouse expect to receive from all sources, including any government sources. You must include both taxable and nontaxable amounts.

24 Net rental, farm, and business income or (loss)

Column A — Write the amount from Line 22 of your 2004 Form IL-1363.

Column B — Write the total net income or loss you and your spouse expect from rental, farm, and business sources, as reportable for federal income tax purposes. Remember to include the net amount you expect to receive as rental income if you rent out part of your home. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

Note You **cannot** use a net operating loss (NOL) carryover in figuring income.

25 Net capital gain or (loss)

Column A — Write the amount from Line 23 of your 2004 Form IL-1363.

Column B — Write any net capital gain or loss you and your spouse expect.

If you report a net capital loss, it **cannot** exceed \$3,000. If you are married, but not living with your spouse, and you are filing a federal income tax return in your name only, your net capital loss **cannot** exceed \$1,500. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

Note You **cannot** use a net capital loss carryover in figuring income.

26 Other income or (loss)

Column A — Write the amount from Line 24 of your 2004 Form IL-1363.

Column B — Write any other expected income or loss not reported on Lines 15 through 25. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

Note You **cannot** use a net operating loss (NOL) carryover in figuring income.

27 Total your projected income.

Add Column B, Lines 15 through 26 and write the result. Check to see if your projected income has decreased to a qualifying level, shown on Page 3 under "Who should file Schedule P?"

Step 6: Sign below.**28 Your signature**

You (the person identified in Step 2) must sign and date this form. See the note for Line 29 below.

29 Spouse's signature

If you are married and living with your spouse, your spouse must sign and date this form.

Note For signatures required on Lines 28 and 29, if you are only able to make a mark, another person must sign as a witness. If you are unable to sign or make a mark, your legal representative may sign for you. However, you must attach documentation to this form, proving that the representative is your legal guardian or has power of attorney to act for you. Applications without a valid signature or mark will not be approved.

30 Preparer's name

If someone, other than you or your spouse, such as a son, daughter, or legal representative, prepares this form for you, that person should print or type his or her name and telephone number on Line 30.